PT0

01-28-02

PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION **TRANSMITTAL**

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Attorney Docket No.

PC11014AGLK

Thomas A. Vendola First Named Inventor or Application Identifier

Pharmaceutical Dosage Forms With Enhanced Cohesive and Compressibility Properties

Express Mail Label No. (Only for new nonprovisional applications under 37C.F.R. §1.53(b))

EL912062355US

		APPLIC	ATION ELEMENTS	-	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application							
See	MPEP cha	pter 600 concern	ning utility patent applica	tion contents.	Washington, DC 20231							
1.			al Form (e.g., <i>PTO/Sand a duplicate for fee proc</i>		6.							
2.		Specification [Total Pages [18]] (preferred arrangement set forth below)					 Nucleotide and/or Amino Acid Sequence Submissio (if applicable, all necessary) 					
l		•	itle of the Invention			a. Computer Readable Copy						
	•		ences to Related App Regarding Fed sponso			b. Paper Copy (identical to computer copy)						
			n Microfiche Appendix			c. Statement verifying identity of above copies						
	-	- Background	of the Invention			ACCOMPANYING APPLICATION PARTS						
"			ary of the Invention	(if filed)	8.	Assignment Papers (cover sheet & document(s))						
	•	 Brief Descrip Detailed Des 	otion of the Drawings scription	(II Tilea)	9.	一	•	(b) Statement				
	•	 Claim(s) Abstract of the 	he Disclosure		-	(when there is an assignee)						
1		Abstract of the	ne bisclosure .		10.	10. English Translation Document (if applicable)						
3.		rawing(s) (35 (U.S.C. 11.3)[Total sh	eets [3]	11.		ormation Diatement (ID	sclosure S)/PTO-1449	Copies of IDS Citations			
4.	\boxtimes \circ	ath or Declara	tion [Total pa	ges 2	12.	∑ Pr	eliminary Ar	nendment				
-	á	a. Newly executed (original or copy)					Return Receipt Postcard (MPEP 503)					
	ŀ		om a prior applicatior	(37 CFR	14.		•	ecifically item				
	§1.63(d)) (for continuation/divisional with Box 17 completed)						mall Entity atement(s)		tement filed in prior application, us still proper and desired			
		(10.00	[Note Box 5 b				TO/SB/09-1					
		i. L	DELETION OF IN		15.	_		of Priority D				
		invento	statement attached or(s) named in the price C.F.R. §§1.63(d)(2)	or application,		(if	foreign prioi	rity is claimed	1)			
5.			By Reference (<i>useable</i>		14.	Ot	her: Pr	iority Claim				
1			of the prior application claration is supplied u									
	conside	red to be part	of the disclosure of the	ne accompanying	}							
	applicati	ion and is here	by incorporated by re	terence therein.								
					FEES	*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).						
17.	If a Co	ONTINUING A	PPLICATION, check	appropriate box, and s	upply th	e requisite ir	formation be	low and in a pr	eliminary amendment:			
		Continuation	Divisional	Continuation	n-in-pa	rt (CIP)	of pri	or application	No:/			
	Prior application information: Examiner Group/Art Unit:											
18. CORRESPONDENCE ADDRESS												
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below												
Nan	Name Gregg C. Benson											
Add	Address Pfizer Inc.											
Add	Address Patent Department, MS 4159, Eastern Point Road											
City		Groton	Groton State			T		Zip Code	06340			
Cou	untry	United States	71	Telephone		-(860)-441-		(Accest)	1-(860)-441-5221			
		(Print/type)	Gabriel L. Kleiman		Regis	stration No	Date	Agent)	1/25/200Z			
	Signa	ture	MWHY				AL PTO SB 05, 9/99, (1/1)					

FEE TRANSMITTAL



To be assigned

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i i						Filing [Date			Herewith			
Patent fees are subject to annual revision on October 1. These are the fees effective October 1,. 2001.						First Na	amed Inv	entor	-	Thomas A. Vendola			
	ntity payments	must be	e supported	by a small enti See Forms PT	ty statement,	Examir	ner Name)		To be assigned			
. outerwis	• •		ist be paid. \$ R. §§ 1.27 a		J, GD, U3-12.	Group/	Art Unit			To be assigned	To be assigned		
Total Am	ount of Pay			64.00		Attorne	y Docke	t No.		PC11014AGLK			
	METH	OD OF F	PAYMENT (check one)			FEE CALCULATION (continued)						
1. The commissioner is hereby authorized to charge						3. ADDIT	3. ADDITIONAL FEES						
	indicated fee	es and c	credit any	over paymen	ts to:	Large			Entity				
Deposit Account Number	16-1445					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	n I	Fee Paid	
Deposit Account Name	Pfizer Inc.					105	130	205	65	Surcharge – late fee or o	oath		
~)						127	50	227	25	Surcharge-late provision	nal filing fee or		
, 37 Fee	Any Addition	der	37 C	ge the Issue F .F.R. § 1.1.8 a e Notice of Allo	t the Mailing	139	130	139	130	cover sheet Non-English specificatio	n		
TEGINE C.F.R.	§§ 1.1.6 and 1	1.17.	OI th	e Notice of Alic	owance.	147	2,520	147	2,520	For filing a request for re	examination		
2	Payment Enc	losed:				112	920*	112	920*	Requesting publication of Examiner action	of SIR prior to		
	Check] Money	y Order	Other		113	1,840*	113	1,840*	Requesting publication of Examiner action	of SIR after		
[_J.		FEE C	ALCULATI	ON		115	110	215	55	Extension for reply within	n first month		
1. BASIC F	ILING FEE					116	400	216	200	Extension for reply within month	n second		
Large Ent	itv Small	I Entity				117	920	217	460	Extension for reply within	n third month		
Fêe Fe Code (\$	e Fee	Fee (\$)	Fee Descr	iption	Fee Paid	118	1,440	218	720	Extension for reply withi	n fourth month		
	40 201	370	Utility filing	fee	740.00	128	1,960	228	980	Extension for reply withi	n fifth month		
104 - 7- 106 3:	30 206	165	Design filin	g fee		119	320	219	160	Notice of Appeal			
197 · 5	10 207	255	Plant filing	fee		120	320	220	160	Filing a brief in support of	of an appeal		
	40 208	370	Reissue fili	ing fee		121	280	221	140	Request for oral hearing	I		
114 1	60 214	80	Provisiona	I filing fee		138	1,510	138	1,510	Petition to institute a pul proceeding	blic use		
	SU	ВТОТА	L (1) (\$)		740.00	140	110	240	55	Petition to revive - unave			
2. EXTRA (CLAIM FEES		•			141	1,280	241	640	Petition to revive - uninte			
			Extra Claims	Fee from below	Fee Paid	142	1,280	242	640	Utility issue fee (or reiss	ue)		
Total Claims	38 -	20**=	18	X 18	= 324.00	143	460	243	230	Design issue fee			
Independent Claims	3 -	· 3**= [0 ;	X 84	= 0	144	620	244	310	Plant issue fee			
Multiple Depe	endent				= [122	130	122	130	Petitions to the Commis	sioner		
** or number		aid, if gr	eater; For R	eissues, see b	elow	123	50	123	50	Petitions related to provi	isional		
Fee Fe	e Fee	Fee (\$)	Fee Desc	rlption		126	180	126	180	Submission of Information	on Disclosure		
	18 203	(\$) 9	Claims in e	excess of 20		581	40	581	40	Recording each patent a property (times number			
102	84 202	42	Independe	nt claims in ex	cess of 3	146	740	246	370	Filing a submission after (37 CFR 1.129(a))			
104 2	80 204	140	Multiple de	pendent claim	, if not paid	149	740	249	370	For each additional inve examined (37 CFR 1.12			
109 8	34 209	42		independent cl	aims over	Other Fe	ee (specify	/)					
110	18 210	9		atent claims in exce: inal patent	ss of 20 and	Other Fe	ee (specify	()					
		SUBTO	OTAL (2)	(\$) 324.00		*Reduce	d by Basi	c Filing F	ee Paid	SUBTOTAL (3) (\$) 0			
SUBMITTED BY /										Complete (if Applicab	ile)		
Type or Printed Name Sabriel L. Klejman										Reg. Number	40,681		
Signature		John	e Ka	^		Date	(I	25/	2001	Deposit Account User ID	16-1445		
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Application Number